



1300 360 908
COVERSURE PTY LTD
ABN 84 413 814 665
AFSL 407505

General Claim Form

The issue of this form is not an admission of liability

Type of Policy		Policy No.		Date		Amount	\$	Excess	\$
Insured Name						Tel No.			
Postal Address									
Date of Event	/ /20		at		<input type="checkbox"/> am / <input type="checkbox"/> pm		Or between <input type="checkbox"/> am / <input type="checkbox"/> pm and <input type="checkbox"/> am / <input type="checkbox"/> pm		
Where did the event occur?									
Brief Description (including cause of loss or damage)									
Amount claimed (as shown on the Schedule following)	\$								
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who?						
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details:						
Name/s and address/es of witness/es, if any:									
Have Police been notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise:		What Station		By Whom?		Date of report:		
Have you taken any other action to recover or reduce your loss?									
Other Particulars	Name of Owner or Property Lost/Damaged								
	Name of any other Interested Party (eg Mortgagee, Trustee)								
	Details of other insurances covering damaged property								

